

SERIAL 04236 S DENTAL SERVICES PROVIDERS – HEAD START (NIGP 94828)

DATE OF LAST REVISION: June 28, 2006 CONTRACT END DATE: March 31, 2009

CONTRACT PERIOD THROUGH MARCH 31, 2009

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **DENTAL SERVICES PROVIDERS – HEAD START (NIGP 94828)**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **March 09, 2005**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Director
Materials Management

SF/mm
Attach

Copy to: Clerk of the Board
 Nellie Campbell, Head Start/Human Services
 Mirheta Muslic, Materials Management

(Please remove Serial 00213-SC from your contract notebooks)

SPECIFICATIONS ON INVITATION FOR BID FOR: **DENTAL SERVICES PROVIDERS – HEAD START (NIGP 94828)**

1.0 **INTENT:**

This intent of this solicitation is to identify providers of dental services, to children one (1) to five (5) years of age, in at risk populations, as referred by the Maricopa County Department of Human Services – Head Start and Early Head Start. In order to fulfill the need for services in various geographic locations, this contract will be awarded to multiple vendors. Maricopa County reserves the right to make additional contract awards, as requirements demand.

2.0 **TECHNICAL SPECIFICATIONS:**

2.1 SPECIAL NEEDS FOR HEAD START DENTAL SERVICES

Dental services providers who are awarded this contract should be reasonably accessible, available and sensitive to the cultural diversity of dental needs of Head Start families. “Fear of the Dentist” is a common phenomenon that may be prevalent in Head Start children and families who have not received regular dental care. A considerate Dental Provider can help alleviate anxieties associated with visits to the Dental services provider.

2.2 MINIMUM REQUIREMENTS

2.2.1 QUALIFICATIONS

2.2.1.1 Contractor shall be licensed, in good standing, to practice dentistry in the state of Arizona, with no suspension of license for any reason. Contractor shall be a contracted AHCCCS provider.

2.2.1.2 *A copy of the state license for all dentists who may be providing services shall be included with this bid/response.*

2.2.1.3 *A resume or CV for all dentists who may be providing services must be included with this bid.*

2.2.1.4 *In the event that the Contracting agency employs new dentists, a resume or CV and a copy of the state license must be provided to the Human Services – Head Start department, as well as to Materials Management, prior to that dentist providing any services to Head Start children.*

2.2.1.5 Maricopa County reserves the right to reject the services of any “new dentists” that may become employed with the Contracting agency.

2.2.2 SERVICE LOCATION

Most dental services will be provided in the Contractor’s office, however, upon occasion, the Contractor may be asked to provide dental service offsite. This will usually include basic services to a larger number of children to simplify transportation. Head Start staff will coordinate these efforts, with the Contractor to schedule these events, as required. *(Examples include local Health Fairs and Mobile Dental vans.)*

2.2.3 DENTAL EDUCATION

Upon occasion, the Contractor may be asked to attend Family Nights or other dental education events. Head Start staff will coordinate these efforts, with the Contractor to schedule these events.

2.2.4 PRIVATE PRACTICE

It is understood that the Contractor may have a private practice in addition to providing services related to this contract. Head Start staff will make every effort to work within the confines of the Contractor's private practice.

2.2.5 EQUIPMENT

Contractor shall provide all equipment and instruments required to provide the services listed herein.

2.2.6 SAFETY

2.2.6.1 All services offered shall meet or exceed the guidelines set by the American Dental Association and Western Interstate Commission for Higher Education (WICHE).

2.2.6.2 Materials and supplies used shall fully comply with OSHA standards and the Dental provider and staff must use universal precautions.

2.2.7 SPECIFIC REQUIRED SERVICES:

2.2.7.1 Visual screening – visual inspection of the oral cavity

2.2.7.2 Dental examination – examination performed by a qualified dentist of the oral cavity.

2.2.7.3 X-rays – (only if the dentist determines they are absolutely necessary.)

2.2.7.4 Cleaning

2.2.7.5 Sealants or varnishes – when determined by the Dental professional that the child is a candidate for selective use.

2.2.7.6 Dental health education – includes fluoridated toothpaste, tooth brushing, flossing and smart snacking.

2.2.7.7 Follow up service or appropriate referral, when necessary. Patient may be referred to an approved Periodontist for conscious sedation, if that service is not provided by the Contractor.

2.2.7.8 Services required for the relief of pain or infection.

2.2.7.9 Restoration of decayed primary and permanent teeth.

2.2.7.10 Pulp therapy for primary and permanent teeth as necessary.

2.2.7.11 Extraction of non-restorable teeth.

2.2.7.12 Dental prophylaxis and instruction in self-care oral hygiene procedures.

2.2.7.13 Application of topical fluoride and/or fluoride supplementation. (In communities where lack of adequate fluoride levels have been determined, or for every child with moderate to severe tooth decay.)

2.2.7.14 Appropriate pediatric/child tolerated sedation, as needed.

2.2.8 SCHEDULING AND APPOINTMENTS

- 2.2.8.1 Head Start staff will provide the Contractor with a list of the authorized clients to be served in advance of services. This will facilitate the Contractor's ability to rapidly register clients and to coordinate/schedule appointments, in a timely manner.
- 2.2.8.2 The child's parent shall be provided the necessary dental forms with the proposed dental services listed on the form. *(Subject forms are provided to the child's parent by Head Start/Early Head Start)*. The child's parent shall also be instructed to provide the Contractor with a "Request for Grantee Funds", which is a contract signed by both the parent and Head Start staff. This form, properly signed, authorizes treatment. *See Exhibit 2.*
- 2.2.8.3 The child's parent shall request an appointment date and time from the Contractor. The appointment shall be granted and provided to the child's parent, within a minimum of 45 days from the date of the request, depending upon the patient's priority needs.
- 2.2.8.4 The child's parent shall provide a written consent/authorization of treatment and shall accompany the child to their appointment or give written authorization to another adult to accompany the child .

2.3 FEES

All fees for dental services shall be paid at the current AHCCCS rate (at the time of the performed service), if the family has no third party sources of coverage, including carriers, insurers, or Community Health Centers.

If family has a third-party source of coverage, Head Start will be the payor of last resort. Contractor shall identify and first bill other third-party sources of coverage, including Community Health Centers, carriers and insurers, before billing Head Start for any co-pay or other costs of service which family is unable to pay. Contractor shall not bill family directly for any costs of service.

An hourly rate may be paid for time spent at dental education events.

Providers/respondents are asked to indicate on Attachment A whether or not they provide pro bono work for required work that may not fall within the AHCCCS approved services.

2.4 INVOICING AND PAYMENT

- 2.4.1 The Contractor shall submit monthly billings, to include the following information:
 - a. Name and address of Contractor
 - b. Name, date of birth, and address of child receiving services
 - c. Description of services rendered with adjacent codes and dates of treatment
 - d. Documentation and verification of third-party billing of carriers, insurers or Community Health Centers.
 - e. Documentation of charges that are billed to Head Start. All charges to Head Start shall include the AHCCCS procedural rate in place, at the time the service was provided, and the provider's regular rate. The difference (AHCCCS rate vs provider's regular rate) will be considered an in-kind contribution to the Head Start Program.

2.4.2 The billing address is as follows:

Maricopa County Department of Human Services
Attn: Head Start Health Coordinator
234 N. Central – Suite 3201
Phoenix, AZ 85004

2.4.3 At some point in the future, payment for services on this contract may be made using a Purchase Card as opposed to a warrant. If and when that happens, a summary billing statement referencing the above information will be required. After approval of the summary billing statement, payment will be made using the Purchase Card, which will make those funds available to the Contractor, within three (3) calendar days.

Notification will be given to Contractors prior to implementing this payment process, however, it is desirable that the Contractor be able to accommodate this payment process as soon as possible. *Also, see Section 3.7.*

2.5 BID RESPONSE REQUIREMENTS:

SUBMIT TWO (2) COPIES OF YOUR BID MANDATORY REQUIREMENT! The following documents shall be included in your bid/response. Failure to provide the required documents may result in your bid/response being deemed non-responsive and not considered for award consideration:

2.5.1 *A resume or CV for each Dentist who may be providing the services listed in this solicitation.*

2.5.2 *A copy of the Arizona state license for each Dentist who may be providing services listed in this solicitation.*

2.5.3 *Attachment A*

2.5.4 *Attachment B*

2.4.4 *Attachment C*

2.5.5 *Attach requested listing of pro bono services (if you indicated YES on Attachment A, Section 2.0 (pricing page) you are willing to provide.*

Additionally, Vendor Registration shall be current. See Exhibit 1

2.6 USAGE REPORT:

The Contractor shall furnish the County a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

2.7 DELIVERY OF SERVICES:

It shall be the Contractor's responsibility to meet the County's delivery of services requirements, as stated in the Technical Specifications. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to make delivery and any price differential will be charged against the Contractor.

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT LENGTH:

This Invitation for Bids is for awarding a firm, fixed price purchasing contract to cover a four (4) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of two (2), one (1) year options. The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 ESCALATION:

Any request for reasonable price adjustments must be submitted thirty (30) days prior to the Contract expiration date. Justification for the requested adjustment in cost of labor and/or materials must be supported by appropriate documentation and fall within the Producer Price Index for the commodity. Increases are subject to approval in writing by the Materials Management Department prior to any adjusted invoicing being submitted for payment.

3.4 EVALUATION CRITERIA:

The evaluation of this Bid will be based on, but not limited to, the following:

3.4.1 Compliance with specifications

3.4.2 Bidder agreement to provide services based upon current AHCCCS rates in place, at the time the service is provided. Price of other services offered.

3.4.3 Determination of responsibility

The County reserves the right to award in whole or in part, by item or group of items, by section or geographic area, or make multiple awards, where such action serves the County's best interest.

3.5 TAX:

No tax shall be levied against labor. Bid pricing to include all labor, overhead tools and equipment used, profit, and any taxes that may be levied. It is the responsibility of the Contractor to determine any and all taxes and include the same in bid price.

3.6 INDEMNIFICATION AND INSURANCE:

3.6.1 Indemnification.

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including but not limited to attorney fees and costs, relating to this Contract.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the negligence of the County.

3.6.2 Insurance Requirements.

Contractor, at its own expense, shall purchase and maintain the herein stipulated minimum insurance with companies duly licensed, possessing a current A.M. Best, Inc. Rating of B++6, or approved unlicensed companies in the State of Arizona with policies and forms satisfactory to the County.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of the County, constitute a material breach of this Contract.

The Contractor's insurance shall be primary insurance as respects the County, and any insurance or self-insurance maintained by the County shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect coverage afforded under the insurance policies to protect the County.

The Contractor shall be solely responsible for the deductible and/or self-insured retention and the County, at its option, may require the Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

The County reserves the right to request and to receive, within ten (10) working days, certified copies of any or all of the herein required insurance policies and/or endorsements. The County shall not be obligated, however, to review such policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of the County's right to insist on strict fulfillment of Contractor's obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, shall name the County, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The insurance policies required hereunder, except Workers' Compensation, shall contain a waiver of transfer of rights of recovery (subrogation) against the County, its agents, representatives, officers, directors, officials and employees for any claims arising out of Contractor's work or service.

3.6.2.1 Commercial General Liability. Contractor shall maintain Commercial General Liability insurance with a limit of not less than \$1,000,000 for each occurrence with a \$2,000,000 Products/Completed Operations Aggregate and a \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage including, but not limited to, the liability assumed under the indemnification provisions of this Contract which coverage will be at least as broad as Insurance Service Office, Inc. Policy Form CG 00 01 10 93 or any replacements thereof.

The policy shall contain a severability of interest provision, and shall not contain a sunset provision or commutation clause, or any provision which would serve to limit third party action over claims.

The Commercial General Liability additional insured endorsement shall be at least as broad as the Insurance Service Office, Inc.'s Additional Insured, Form CG 20 10 11 85, and shall include coverage for Contractor's operations and products and completed operations.

If the Contractor subcontracts any part of the work, services or operations awarded to the Contractor, Contractor shall purchase and maintain, at all times during prosecution of the work, services or operations under this Contract, an Owner's and Contractor's Protective Liability insurance policy for bodily injury and property damage, including death, which may arise in the performance of the Contractor's work, service or operations under this Contract. Coverage shall be on an occurrence basis with a limit not less than \$1,000,000 per occurrence, and the policy shall be issued by the same insurance company that issues the Contractor's Commercial General Liability insurance.

3.6.2.2 Automobile Liability. Contractor shall maintain Automobile Liability insurance with an individual single limit for bodily injury and property damage of no less than \$1,000,000, each occurrence, with respect to Contractor's vehicles (whether owned, hired, non-owned), assigned to or used in the performance of this Contract.

3.6.2.3 Workers' Compensation. The Contractor shall carry Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services, as well as Employer's Liability insurance of not less than \$1,000,000 for each accident, \$1,000,000 disease for each employee, and \$1,000,000 disease policy limit.

If any work is subcontracted, the Contractor will require Subcontractor to provide Workers' Compensation and Employer's Liability insurance to at least the same extent as required of the Contractor.

3.6.3 Certificates of Insurance.

3.6.3.1 Prior to commencing work or services under this Contract, Contractor shall furnish the County with certificates of insurance, or formal endorsements as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall identify this contract number and title.

3.6.3.2 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

If a policy does expire during the life of the Contract, a renewal certificate must be sent to the County fifteen (15) days prior to the expiration date.

3.6.4 Occurrence Basis.

All insurance required by this contract shall be written on an occurrence basis rather than a claims-made basis.

3.6.5 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.7 PROCUREMENT CARD ORDERING CAPABILITY:

It is the intent of Maricopa County to utilize a procurement card that may be used by the County from time to time, to place and make payment for orders under the Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.8 INTERNET ORDERING CAPABILITY:

It is the intent of Maricopa County to utilize the Internet to place orders under this Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.9 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF MATERIALS MANAGEMENT
ATTN: CONTRACT ADMINISTRATION
320 W. LINCOLN ST.
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:

STAN FISHER, SENIOR PROCUREMENT CONSULTANT, 602-506-3274
(sfisher@mail.maricopa.gov)

Technical telephone inquiries shall be addressed to:

Nellie Campbell
Contract Administrator, Human Services, 602-506-8887
(ncampbell@mail.maricopa.gov)

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.10 SUBMISSION PRICE CLARITY:

For reasons of clarity all submissions of pricing (Attachment A) shall be priced in the same unit (size, volume, quantity, weight, etc.) as the bid specifications request. Submissions (bids) failing to comply with this requirement may be declared non-responsive.

3.11 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS:

Respondents are to provide one (1) original (labeled) and one (1) complete “copy” of their bid/response, labeled as “copy”. Respondents are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003. **A corporate official who has been authorized to make such commitments must sign bids.**

AMERICAN DENTAL CENTER INC, 1050 E UNIVERSITY DRIVE #11, MESA, AZ 85203

PRICING SHEET P080201/B0603304 (NIGP 94828)

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ____ YES __X__ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? __X__ YES ____ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS
 BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ____X____ YES ____ NO

INTERNET ORDERING CAPABILITY: ____ YES __X__ NO ____ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: __X__ YES ____ NO

1.0 DENTAL SERVICES:

PRICING

See Below

ALL DENTAL SERVICES WILL BE PROVIDED AT THE AHCCCS RATES,
 IN PLACE AT THE TIME THE SERVICE(S) ARE PERFORMED,
*IN THE EVENT THAT THE CHILD'S FAMILY HAS NO THIRD
 PARTY SOURCES OF COVERAGE. If the child's family has
 third-party sources of coverage, the carrier, the insurers or
 the Community Health Centers will be indentified and billed.
 Head Start and/or Early Head Start will only be billed as the
 payor of last resort for any co-pays or other costs of service(s)
 which the child's family is unable to pay.*

2.0 WILLINGNESS TO PROVIDE PRO BONO WORK

Contractor is willing to provide pro bono services.
 (Indicate Yes or No, by initialing the appropriate block)

YES

Attach a listing (to this page) of pro bono services you are willing to provide -

Health fair educational
 program.

Examples - mobile dental clinic, health fair, and educational promotional

3.0 DENTAL EDUCATION

Hourly rate for participation at family night and other related
 dental education functions.

\$100 /hr

Terms:

NET 30

Vendor Number:

W000004719 X

Telephone Number:

480/610-2401

Fax Number:

480/890-0812

Contact Person:

~~Lorena Moorhead~~ Jessica Matamoros

E-Mail

remo@extremexone.com

Certificates of Insurance

Required

Contract Period:

To cover the period ending **March 31, 2009.**

ARIZONA PEDIATRIC DENTISTRY, 600 S. DOBSON RD., BUILDING C SUITE 18, CHANDLER, AZ 85224

PRICING SHEET P080201/B0603304 (NIGP 94828)

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☐ YES ☐ NO

INTERNET ORDERING CAPABILITY: ☐ YES ☒ NO ☐ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

1.0 DENTAL SERVICES:

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ALL DENTAL SERVICES WILL BE PROVIDED AT THE AHCCCS RATES, IN PLACE AT THE TIME THE SERVICE(S) ARE PERFORMED, *IN THE EVENT THAT THE CHILD'S FAMILY HAS NO THIRD PARTY SOURCES OF COVERAGE. If the child's family has third-party sources of coverage, the carrier, the insurers or the Community Health Centers will be identified and billed. Head Start and/or Early Head Start will only be billed as the payor of last resort for any co-pays or other costs of service(s) which the child's family is unable to pay.*

2.0 WILLINGNESS TO PROVIDE PRO BONO WORK

Contractor is willing to provide pro bono services.
(Indicate Yes or No, by initialing the appropriate block)

YES

Attach a listing (to this page) of pro bono services you are willing to provide -Examples - mobile dental clinic, health fair, and educational promotional

We have been doing exams, x-ray or cleaning in office for years.
Drs. go for health fairs or mobile dental clinic.

Terms: NET 30

Vendor Number: W000001045 X

Telephone Number: 480/820-6778

Fax Number: 480/820-3606

Contact Person: Shashi Kapur

E-mail Address: kidsdentist@qwest.net

Certificates of Insurance Required

Contract Period: To cover the period ending **March 31, 2009.**

AZ SCH OF DENTISTRY & ORAL HLT, 5850 E. STILL CIRCLE, MESA, AZ 85206

PRICING SHEET P080201/B0603304 (NIGP 94828)

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☒ YES ☐ NO

INTERNET ORDERING CAPABILITY: ☒ YES ☐ NO % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

1.0 DENTAL SERVICES:

PRICING

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Contractor is willing to provide pro bono services.
(Indicate Yes or No, by initialing the appropriate block)

YES

Attach a listing (to this page) of pro bono services you are willing to provide -Examples - mobile dental clinic, health fair,

The Arizona School of Dentistry & Oral Health is willing to and educational promotional provide pro bono work for educational promotional events including classroom education to children, teachers, families and administrators. Pro bono work may also be available for health fairs depending upon scheduling.

3.0 DENTAL EDUCATION

Hourly rate for participation at family night and other related dental education functions.

\$50.00 /hr.

AZ SCH OF DENTISTRY & ORAL HLT, 5850 E. STILL CIRCLE, MESA, AZ 85206

Terms:	NET 30
Vendor Number:	W000000712 X
Telephone Number:	480/219-6099
Fax Number:	480/219-6180
Contact Person:	Cheryl Savage
E-mail Address:	csavage@atsu.edu
Certificates of Insurance	Required
Contract Period:	To cover the period ending March 31, 2009.

CENTRALS TOOTH DOCTOR FOR KIDS, 7006 S CENTRAL AVENUE, PHOENIX, AZ 85042

PRICING SHEET P080201/B0603304 (NIGP 94828)

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ____ YES ____X__ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? _X__ YES ____ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ____ YES __X__ NO

INTERNET ORDERING CAPABILITY: ____ YES __X__ NO ____ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ____ YES _X__ NO

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2.0 WILLINGNESS TO PROVIDE PRO BONO WORK

Contractor is willing to provide pro bono services.
(Indicate Yes or No, by initialing the appropriate block)

YES

Attach a listing (to this page) of pro bono services you are willing to provide -Examples - mobile dental clinic, health fair, and educational promotional

Participate in the ACT fairy our mobile dental visits health fairs

3.0 DENTAL EDUCATION

Hourly rate for participation at family night and other related dental education functions.

\$100.00 /hr.
Most cases fee is waived

Terms: NET 30

Vendor Number: W000001337 X

Telephone Number: 602/276-1029

Fax Number: 602/276-0568

Contact Person: Christe Erickson

Certificates of Insurance Required

Contract Period: To cover the period ending **March 31, 2009.**

A TOOTH DOCTOR FOR KIDSEAST, 829 E. UNIVERSITY DR. # B, MESA, AZ 85203

Also see Satellite location noted below

PRICING SHEET P080201/B0603304 (NIGP 94828)

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☐ YES ☒ NO

INTERNET ORDERING CAPABILITY: ☐ YES ☒ NO ☐ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☐ YES ☒ NO

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YES

Attach a listing (to this page) of pro bono services you are willing to provide -Examples - mobile dental clinic, health fair, and educational promotional

Mobile Dental unit
Health fairs

3.0 DENTAL EDUCATION

Hourly rate for participation at family night and other related dental education functions.
waived

\$100.00 /hr.
But in most cases fee is

Satellite Location
944 N Gilbert
Mesa, AZ 85203

Billing and Payments all handled out of above address East Valleys Tooth Doctor – PCC

A TOOTH DOCTOR FOR KIDS-EAST, 829 E. UNIVERSITY DR. # B, MESA, AZ 85203

Terms: NET 30

Vendor Number: **W000001745 X**

Telephone Number: 480/655-8687

~~Fax Number: 480/668-8687~~

Contact Person: **Eileen Jones**

E-mail Address: ejones@tdkeast.phxcoxmail.com

Certificates of Insurance Required

Contract Period: To cover the period ending **March 31, 2009.**

MOUNTAIN PARK HEALTH CENTER, 635 E. BASELINE ROAD, PHOENIX, AZ 85042-6551

PRICING SHEET P080201/B0603304 (NIGP 94828)

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES ☐ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☒ YES ☐ NO

INTERNET ORDERING CAPABILITY: ☐ YES ☒ NO ☐ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES ☐ NO

1.0 DENTAL SERVICES:

PRICING

See Below

ALL DENTAL SERVICES WILL BE PROVIDED AT THE AHCCCS RATES, IN PLACE AT THE TIME THE SERVICE(S) ARE PERFORMED, *IN THE EVENT THAT THE CHILD'S FAMILY HAS NO THIRD PARTY SOURCES OF COVERAGE. If the child's family has third-party sources of coverage, the carrier, the insurers or the Community Health Centers will be indentified and billed. Head Start and/or Early Head Start will only be billed as the payor of last resort for any co-pays or other costs of service(s) which the child's family is unable to pay.*

2.0 WILLINGNESS TO PROVIDE PRO BONO WORK

Contractor is willing to provide pro bono services.
(Indicate Yes or No, by initialing the appropriate block)

YES

Attach a listing (to this page) of pro bono services you are willing to provide -Examples - mobile dental clinic, health fair,

Dental screening at health fairs. Oral health hygiene education. Eligibility screening

3.0 DENTAL EDUCATION

Hourly rate for participation at family night and other related dental education functions.

\$60.00 /hr

Terms: NET 30

Vendor Number: W000000285 X

Telephone Number: 602/323-3477

Contact Person: David Rein

E-mail Address: drein@mphc-az.com

Certificates of Insurance Required

Contract Period: To cover the period ending **March 31, 2009.**

A PLUS DENTAL, P.O. BOX 734, LITCHFIELD PARK, AZ 85340

PRICING SHEET P080201/B0603304 (NIGP 94828)

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ☒ YES ☐ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☐ YES ☒ NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? ☐ YES ☐ NO

INTERNET ORDERING CAPABILITY: ☐ N/A ☐ YES ☒ NO ☐ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☐ YES ☒ NO

1.0 DENTAL SERVICES: PRICING

ALL DENTAL SERVICES WILL BE PROVIDED AT THE AHCCCS RATES, IN PLACE AT THE TIME THE SERVICE(S) ARE PERFORMED, *IN THE EVENT THAT THE CHILD'S FAMILY HAS NO THIRD PARTY SOURCES OF COVERAGE. If the child's family has third-party sources of coverage, the carrier, the insurers or the Community Health Centers will be identified and billed. Head Start and/or Early Head Start will only be billed as the payor of last resort for any co-pays or other costs of service(s) which the child's family is unable to pay.*

2.0 WILLINGNESS TO PROVIDE PRO BONO WORK

Contractor is willing to provide pro bono services. YES
(Indicate Yes or No, by initialing the appropriate block)

Attach a listing (to this page) of pro bono services you are willing to provide -Examples - mobile dental clinic, health fair,

3.0 DENTAL EDUCATION

Hourly rate for participation at family night and other related dental education functions. \$0 /hr

Willingness to Provide Pro Bono Work

Dr. Chopra will provide staff to attend health fairs and will do dental screening for Head Start children.

Terms: NET 30

Vendor Number: W000001668 X

Telephone Number: 623/925-1925

Fax Number: 623/936-1126

Contact Person: Carrie Chopra

E-mail Address: cchopra100@aol.com

Certificates of Insurance Required

Contract Period: To cover the period ending March 31, 2009.